UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request:	al/Pate	ent	# _ /0 /	1518525	
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT
Filing					\$ (0)
Amendment					\$
Extension of Time					\$
Notice of Appeal/Appeal					\$
Petition					\$
Issue					\$
Cert of Correction/Terminal Disc.					\$
Maintenance					\$
Assignment			_		\$
Other					\$
		7 TOTAL AMOUNT OF REFUND \$ /ひつ			
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
Overpayment			C	redit Dep	osit A/C #:
Duplicate Payment		· 10-0 750			
No Fee Due (Explanation):					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: John Madrie TITLE: Paralegal Specialis					
SIGNATURE: PHONE: 308-9140 out 24					
office: PCT- DO/GO					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B